MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

This o	cover	page	must k	e com	pleted	by t	the	report	prepa	arer.
Joint	repor	ts req	uire o	nly on	e covei	r pa	ge.			

SPI	DES	ID						
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Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

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OR

○ This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Coalition

Name of Single Entity	,							
	-	- Inches						

OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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SPDES ID	SPDES ID	SPDES ID
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Cover Page 1 of 2

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

Provide SPDES ID of each permitted MS4 included in this report.

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

		SPL	<u>ES</u>	ID.						
Name of MS4 City of White Plains		N	Y	R	2	0	Α	2	3	0
Each MS4 must submit an MCC form.										
Section 1 - MCC Identification Page										
Indicate whether this MCC form is being submitted to certify endorsemen	t or acc	cept	tanc	e o	f:					
 An Annual Report for a single MS4 										
O A Single Entity (Per Part II.E of GP-0-10-002)										
O A Joint Report										
Joint reports may be submitted by permittees with legally be	inding	agı	een	nen	ıts.					
If Joint Report, enter coalition name:										
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March	
Name of MS4 City of White Plains	SPDES ID N Y R 2 0 A 2 3 0
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following p	positions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qu GP-0-08-002 Part VI.J).	ualified individual (per
2. Duly Authorized Representative (Information for this contact Authorized Representative is signing this form)	
3. The Local Stormwater Public Contact (required per GP-0-08-0	
4. The Stormwater Management Program (SWMP) Coordinator coordination/implementation of SWMP).	(Individual responsible for
5. Report Preparer (Consultants may provide company name in t	he space provided).
A separate sheet must be submitted for each position listed ab filled by the same individual. If one individual fills multiple roonce and check all positions that apply to that individual.	ove unless more than one position is
If a new Duly Authorized Representative is signing this report	their contest information would be
provided and a signature authorization form, signed by the Pri	ncipal Executive Officer or Chief
Elected Official must be attached.	
For each contact, select all that apply:	
 Principal Executive Officer/Chief Elected Official 	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
Thomas MI Last Name MI Roa	c h
Title	5 12
Mayor	
Address	
2 5 5 Main Street	
	ate Zip
W h i t e P l a i n s N eMail	Y 1 0 6 0 1 -
Civiaii	
Phone County	
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MCC Page 2

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

	SP	DES	ID.						
Name of MS4 City of White Plains	N	Y	R	2	0	А	2	3	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name Joseph	MI Last Name J Nicoletti, Jr.
Title	
Commissionerof	Public Works
Address	
2 5 5 M a i n S t r e e t	
	
City	State 7 in
W h i t e P l a i n s	State Zip N Y 1 0 6 0 1 -
W h i t e P l a i n s eMail j n i c o l e t @ w h i t e p l	
White Plains eMail	N Y 1 0 6 0 1 -

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9	9, 2 0 1 3
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Name of MS4 City of White Plains	N Y R 2 0 A 2 3 0
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	ositions as indicated below:
1. Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).	
2. Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)	nust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00)2 Part VII.A.2.c & Part VIII.A.2.c)
4. The Stormwater Management Program (SWMP) Coordinator (I	· · · · · · · · · · · · · · · · · · ·
coordination/implementation of SWMP).	
5. Report Preparer (Consultants may provide company name in the	
A separate sheet must be submitted for each position listed abortilled by the same individual. If one individual fills multiple rol	ve unless more than one position is
once and check all positions that apply to that individual.	es, provide the contact information
If a new Duly Authorized Representative is signing this report,	their contact information must be
provided and a signature authorization form, signed by the Prince	cipal Executive Officer or Chief
Elected Official must be attached.	
For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
○ Stormwater Management Program (SWMP) Coordinator● Report Preparer	
• Report Preparer	
First Name MI Last Name	
Citle	
D & B E n g i n e e r s a n d A r c h	itects
Address 4 West Red Oak Lane Su	i t e 3 1 5
City State	
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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 3

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 3

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

	***************************************	SPI	DES	ID						
Name of MS4 City of White Plains		N	Y	R	2	0	А	2	3	0

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI Last Name
Joseph	J Nicoletti, Jr.
Title (Clearly print title of individual signing report)	
C o m m i s s i o n e r o f	Public Works
Signature	
	Date / / / /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of l	MS4	l/Co	alit	ion	City	y of	Wh	ite I	Plair	ns												N	Y	R	2	0	A	2	3	0
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of	a coalition leave SPDES ID blank.
Name of MS4/Coalition City of White Plains	SPDES ID N Y R 2 0 A 2 3 0
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	● Trash Management
Smart Growth	• Vehicle Washing
Storm Drain Marking	Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other: Y a r d W a s t e ; C o m p o s t i n Other	O None
2. Specific audiences targeted during this reporting period:	

- Public Employees
- Contractors
- Residential
- Developers
- Businesses
- General Public
- Restaurants
- Industries
- Other:
- Agricultural

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MCM 1 Page 1 of 4

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 1 \ 3$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition City of White Plains	NYR2	0 7	A 2	3	0
3. What strategies did your MS4/Coalition use to achieve educat this reporting period? Check all that apply:	tion and outreac	h goa	ıls d	u ri i	ng
O Construction Site Operators Trained	# Trained			T	
● Direct Mailings	# Mailings			T	3
● Kiosks or Other Displays	# Locations			T	4
○ List-Serves	# In List		1	$\frac{1}{1}$	\Box
Mailing List	# In List	1 :	3 0	0	0
Newspaper Ads or Articles	# Days Run			T	2
Public Events/Presentations	# Attendees		1	0	0
● School Program	# Attendees		5	0	0
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

g and of a joint report on benait of a	SPDES ID
Name of MS4/Coalition City of White Plains	N Y R 2 0 A 2 3 0
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The City Public Education and Outreach program will be tailored impacts of storm water discharges on local water bodies, pollutant the steps that can be taken to reduce pollutants in storm water and City program will make special note of the discharge of pathogens tributaries and the discharge of silt/sediment to the Upper Mamaro	ts of concern and their sources, and non-storm water discharges. The s to the Upper Bronx River and
3. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
The City has chosen to evaluate the number of storm water and/or mailings as an indicator for measuring the overall effectiveness of Public Education and Outreach program requirements. There were prevention direct mailings in this reporting period.	the City's compliance with the
C. How many times was this observation measured or evaluate	ed in this reporting period?
	and and reporting period.
Hee norm MC4	(ex.: samples/participants/eve
. Has your MS4 made progress toward this Measurable Goal	during this reporting period? ● Yes ○ No
. Is your MS4 on schedule to meet the deadline set forth in th	
E. Is your MS4 on schedule to meet the deadline set forth in the F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	e SWMPP? • Yes O No

The City plans to continue evaluating the number of storm water and/or pollution prevention direct mailings as an indicator for measuring the overall effectiveness of the City's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The City will distribute mailings related to storm water and/or pollution prevention next year.

MCM 1 Page 4 of 4

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint repo	ort on behalf	of a coalition	leave SPDE	S ID bl	ank.	
Name of MSA/Coalition City of White Plains			SPDES ID		Т	
Name of MS4/Coalition City of White Plains			N Y R 2	2 0 A	2	3 0
Minimum Control Measure 2.	Public I	nvolvemen	t/Particip	ation		
The information in this section is being reported (che	ck one):					
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 	report?					
1. What opportunities were provided for public development, evaluation and improvement (SWMP) Plan during this reporting period	of the Stor	mwater Mai	nagement P		m	
Cleanup Events			# Events			4
O Comments on SWMP Received			# Comments			
Community Hotlines	Phone#	(914) 4 2 2	_ [1	3,	3 3
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Community Meetings			# Attendees		1 0	0 0
Plantings			Sq. Ft.			
O Storm Drain Markings			# Drains			
Stakeholder Meetings			# Attendees		5	5 0
O Volunteer Monitoring			# Events			
● Other: S E E K , S W E A K & B e	a u t i	f i c a	t i o n	Cm	t ε	s
2. Was public notice of availability of this ann Program (SWMP) Plan provided?	ual report	and Stormw	ater Manaş	gemen • Yo		⊃ No
○ List-Serve			# In List			
O Newspaper Advertising			# Days Run			
O TV/Radio Notices			# Days Run			
• Other: P o s t e d i n C i t	у На	1 1 &	Lib	ra	ry	-
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MCM 2 Page 1 of 6

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition City of White Plains N Y R 2 0 A 2 3 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. MS4/Coalition Office Annual Report SWMP Plan Comments Department D e p t f 0 Ρ u b 1 i C W r k s i t Η У а 1 1 Address 5 5 i 2 Μ S а n t r е t е City Zip i Wh t е Ρ 1 i а s Ν Y n 1 0 6 0 Phone 9 2 2 1 • Library
Address Annual Report O SWMP Plan O Comments 1 0 0 M а r Α n е v e n u е City Zip Wh i t е Ρ 1 a i s NY n 0 6 0 1 1 Phone 9 2 2 4 0 0 Other O Annual Report O SWMP Plan Comments Address С i t y С 1 k е S C е 2 5 5 M i n S t а City Zip Wh i t Ρ е 1 i NY а n s 0 1 6 0 1 Phone 9 1 4 2 2 Web Page URL: Annual Report O SWMP Plan O Comments Please provide specific address of page where report can be accessed - not home page. O eMail O Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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4.a. If this report was made available on the internet, what dat	te was it	pos	sted?	ı			
Leave blank if this report was not posted on the internet.			/		/		
4.b. For how many days was/will this report be posted?						3 6	5 5
If submitting a report for single MS4, answer 5.a If submitting	ng a joim	t re	port,	ans	wer 5.b	••	
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	ng perio	d?	/		O Yes		No
If No, is one planned?					O Yes		No
5.b. Was an Annual Report public meeting held for all MS4s co	ontribut	ting	to tl	nis i	report (duri	ing
this reporting period?					○ Yes	C	No No
If No, is one planned for each?					○ Yes	C	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					· O Yes		No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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Name of MS4/Coalition City of White Plains	N	Y	R	2	0	A	2	3	0

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern (i.e., the discharge of pathogens to the Upper Bronx River and tributaries and the discharge of silt/sediment to the Upper Mamaroneck River and tributaries) and encourage the general public, residents and businesses to become involved in storm water management and environmental stewardship events.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City has chosen to evaluate the number of cleanup events held annually within the City as an indicator for measuring the overall effectiveness of the City's compliance with the Public Involvement and Participation program requirements. There were four cleanup events held within the City during this reporting cycle.

C.	How	many	times	was	this	observation	measured	or	evaluated	in	this	reporting	period?
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City plans to continue evaluating the number of cleanup events held annually within the City as an indicator for measuring the overall effectiveness of the City's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. Cleanup events will take place within the City periodically throughout the next reporting cycle.

MCM 2 Page 6 of 6

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.								
Name of MS4/Coalition City of White Plains	SPDES ID N Y R 2 0 A 2 3 0							
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination							
The information in this section is being reported	(check one):							
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to to 	his report?							
1. Enter the number and approx. percent of outfalls mapped: 5 1 # 1 0 0 %								
2. How many of these outfalls have been s reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?							
3.a. What types of generating sites/sewershoreporting period?	eds were targeted for inspection during this							
O Auto Recyclers	Landscaping (Irrigation)							
Building Maintenance	O Marinas							
○ Churches	O Metal Plateing Operations							
O Commercial Carwashes	Outdoor Fluid Storage							
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance 							
Construction Vehicle Washouts	O Printing							
Cross-Connections	O Residential Carwashing							
O Distribution Centers	Restaurants							
O Food Processing Facilities	 Schools and Universities 							
Garbage Truck Washouts	Septic Maintenance							
Hospitals	Swimming Pools							
O Improper RV Waste Disposal	Vehicle Fueling							
Industrial Process Water	Vehicle Maint./Repair Shops							
Other: C o n c r e t e T r u c k	○ None W a s h o u t s ; N u r s e r i e s							

O Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID									
Name of MS4/Coalition City of White Plains		N Y R	2 0 A 2	3 0							
3.b. What types of illicit discharges have	been found during th	is reporting period	d?								
O Broken Lines From Sanitary Sewer	O Industrial Connection										
O Cross Connections	O Inflow/Infiltration										
O Failing Septic Systems	O Pump Station Failure										
O Floor Drains Connected To Storm Sewers											
O Illegal Dumping	O Straight Pipe Sewer I	Discharges									
Other:	O None										
4. How many illicit discharges/potentia reporting period?	l illegal connections ha	ave been detected	during this								
	•										
5. How many illicit discharges have been	en confirmed during th	is reporting perio	d?								
6. How many illicit discharges/illegal coperiod?7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this r	eporting period?		O No							
8. Is the above information available in Is this information available on the walf Yes, provide URL(s):	GIS? reb?	- •	○ Yes	%NoNo							
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	ng une rerm de pa	at of a joint rope.	t on ounan or t	a countrol.	SPDES ID	io io cianic.	
Name of MS4/Coalition	City of White Plan	ins				2 0 A 2	3 0
12. Evaluating Pro	ogress Toward N	Measurable Go	als MCM 3				
Use this page to repidentified in your S	tormwater Mana	gement Program					Part
A. Briefly summa	rize the Measur	rable Goal iden	tified in the S	SWMPP	in this rep	orting peri	od.
The City Illicit Diseliminating, reducithe discharge of pasilt/sediment to the	ing and preventir thogens to the U	ng illicit dischar Ipper Bronx Riv	ges to the max er and tributa	ximum ex	tent practic	able, includ	
B. Briefly summa Goal.	rize the observa	ntions that indi	cated the ove	rall effec	tiveness of	this Meas	urable
The City has chose measuring the over Elimination progra investigated during eliminated in this r	rall effectiveness im requirements. g this reporting p	of the City's co There were	mpliance with potential illi-	h the Illic cit discha	it Discharge rges detecte	e Detection ed and	
C. How many tim	es was this obse	ervation measu	red or evalua	ited in th	is reportin	g period?	
J					•		1
D. 11		4		1 4		: samples/part	
D. Has your MS4	made progress	toward this me	easurabie goa	ıı aurıng	this report	nng period ● Yes	? O No
E. Is your MS4 or	n schedule to me	eet the deadline	e set forth in	the SWM	IPP?		
F. Briefly summa the next report	rize the stormw ing cycle (includ	-	•		oals of this	• Yes MCM dur	○ No ing
The City will contidescribed in the City Detection and Elin Assessment Illicity	ty's Written Proc nination: A Guid	cedures for MCI ance Manual fo	M 3: IDDE an r Program De	nd the CW velopmen	/P/USEPA : nt and Techi	Illicit Disch nical	

MCM 3 Page 4 of 4

by the City illicit discharge local law on a case-by-case basis.

5624056356

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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	ph	 SPL	DES ID					
Name of MS4/Coalition	City of White Plains	N	YR	2	0 A	2	3	0
	BAT' COLLIBER							

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

	Construction Site and Post-Construction Control		
Tł	ne information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
12	a. Has each MS4 contributing to this report adopted a law, ordinance or other mechanism that provides equivalent protection to the NYS SPDES General	regulatory Permit for	7
	Stormwater Discharges from Construction Activities?	Yes	\bigcirc No
	Sediment Control through either an attorney certification or using the NYSI Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local © 09/2004	es O No	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) reviewed in this reporting period?	have been	
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of comments related to construction SWPPPs? • Yes	-	O NT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors abo SWPPP process?	out the loca • Yes	al O No

3951056357

DRAFT

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
O Other	#	O No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPDES ID		
Na	me of MS4/Coalition City of White Plains		N Y R	2 0 A 2	2 3 0
		!	t- t- d		
	Minimum Control Measure 4. Construction Site S	Stormy	vater Ru	noff Cor	itrol
	·			<u> </u>	11101
Th	e information in this section is being reported (check one):				
•	On behalf of an individual MS4				
0	On behalf of a coalition				
	How many MS4s contributed to this report?				
	-				
ı.	How many construction projects have been authorized for during this reporting period?	disturba	nces of on	e acre or	more
	during this reporting period;				
2.	How many construction projects disturbing at least one acr	e were	activa in v	one ineico	liation
	during this reporting period?	c were z	active in y	our jurisu	
3.	What percent of active construction sites were inspected du	ring thi	s reportin	g period?	ONT
		_		1 0	T
. 4	XXII		•		0 %
4.	What percent of active construction sites were inspected mo	ore than	once?		O NT
				1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing	ng to thi	s report u	se the NY	S
	Construction Stormwater Inspection Manual?		• Yes	s O No	ONT
6.	Does your MS4/Coalition provide public access to Stormwa	ter Polli	ntion Prev	ention Pl	ane
	(SWPPPs) of construction projects that are subject to MS4	review a	and appro	val?	анз
			Yes	\circ No	\circ NT
	If your MS4 is Non-Traditional, are SWPPPs of construction public review?	n projec	cts made a		
	public terient.			○ Yes	○ No
	If Yes, use the following page to identify location(s) where SW	PPPs car	n be access	sed.	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition City of White Plains	N Y R 2 0 A 2 3 0
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
P u b l i c W o r k s O f f i c	e
Address	
2 5 5 Main Street	
City	Zip
White Plains N	Y
Phone	
(9 1 4) 4 2 2 - 1 2 1 6	
○ Library	
Address	
City	Zip ·
Phone	
O Other	
Other Address	
Addicss	
City	
City	Zip
DI.	
Phone	
()	
\bigcirc Web Page URL(s): Please provide specific address where SWI	PPPs can be accessed - not home page.
URL	. 0
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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Name of MS4/Coalition	City of White Plains	N	Y	R	2	0	Α	2	3	0

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City Construction Site Storm Water Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the City for projects disturbing an acre or greater of land. The review process will take note of any potential discharge of pathogens to the Upper Bronx River and tributaries and discharge of silt/sediment to the Upper Mamaroneck River and tributaries.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City has chosen to evaluate the percent of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the City's compliance with the Construction Site Storm Water Runoff Control program requirements. 100% of the SWPPPs submitted to the City were reviewed in this reporting period. The City monitors every active construction site on a weekly schedule regardless of the size or type of construction. The City maintains records of the weekly inspections.

C. How many times was this observation measured or evaluated in this reporting p	eriod	?	
			1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will review SWPPPs as they are submitted to the City for comment and approval. The City intends to continue the inspection schedule of active construction sites in the next reporting cycle regardless of the size of soil disturbance or type of construction. The City will continue to follow the City Written Procedures for MCM 4&5: Construction Site Storm Water Runoff Control and Post-Construction Storm Water Management.

MCM 4 Page 3 of 3

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID City of White Plains Name of MS4/Coalition NYR 2 0 Α 2 Minimum Control Measure 5. Post-Construction Stormwater Management The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period? # Times Inventoried Inspections Maintained Alternative Practices Filter Systems 0 Infiltration Basins 2 0 0 Open Channels 0 Ponds 1 1 0 Wetlands 0 Other 0 2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles? O Building Codes Municipal Comprehensive Plans Overlay Districts Open Space Preservation Program Zoning Local Law or Ordinance Land Use Regulation/Zoning O None O Watershed Plans Other Comprehensive Plan

MCM 5 Page 1 of 3

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Other:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 3 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID		
Naı	me of MS4/Coalition City of White Plains	N Y R 2	0 A 2	3 0
4a	. Are the MS4s contributing to this report involved in a regional/wate	rshed wide planı	ning effor	·t?
			O Yes	No
4b	. Does the MS4 have a banking and credit system for stormwater man	agement practic	es?	
			O Yes	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwise.	e a protocol for e ater managemen	t practice	?
			○ Yes	No
4d.	. How many stormwater management practices have been implemente reporting period?	ed as part of this	system ir	this
	reporting period:	. •		0
5.	What percent of municipal officials/MS4 staff responsible for progra training on Low Impace Development (LID), Better Site Design (BSI	m implementation	on attend	ed
	Infrastructure principles in this reporting period?	n and other Gree	en 1 0	0 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition

City of White Plains

N Y R 2 0 A 2 3 0

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City Post-Construction Storm Water Management program will address storm water runoff from regulated new development and redevelopment projects to the City's municipal separate storm sewer system.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City has chosen to evaluate the number of post-construction storm water practices inventoried as an indicator for measuring the overall effectiveness of the City's compliance with the Post-Construction Storm Water Management program requirements. ____ practices have been inventoried. The City requires every practice installed for 200 sqft of increased imperviousness to have a maintenance agreement executed with the City and an escrow provided to ensure maintenance.

~ ~	~	_							
C. 1	dow many	times w	vas this c	observation	measured o	or evaluated	in this	reporting 1	period?

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes O No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

• Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City plans to continue to evaluate the number of post-construction storm water management practices inventoried as an indicator for measuring the overall effectiveness of the City's compliance with the Post-Construction Storm Water Management program requirements. The City will add BMPs to the inventory as necessary in the next reporting cycle. The City will continue to ensure compliance with their program by logging practices, agreements and escrows in their database.

MCM 5 Page 3 of 3

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPDES ID	
Name of MS4/Coalition City of White Plains				A 2 3 0
Minimum Control Measure 6. Stormwate	er Man	agement f	or Municipal	Operations
The information in this section is being reported (check of	ne):			
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report 	ort?			
1. Choose/list each municipal operation/facility the Pollutants of Concern to the MS4 system. For operation/facility has been addressed in the MProgram(SWMP) Plan and whether a self-assessment is perform potentially generated by the permittee's operation.	each op S4's/Coa essment ed to: 1	eration/faci alition's Sto has been pe) determine	lity indicate who rmwater Managerformed during the sources of p	ether the gement t the
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already.	tify the	municipal o	perations and fa	acilities m, if it's
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent	tify the	municipal o	perations and fa keeping program	m, if it's
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent	tify the	municipal o	perations and fa	m, if it's ment
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already.	tify the	municipal o good house	perations and fakeeping program Self-Assess Operation/Activity	m, if it's ment ity/Facility n the past 3
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Add	tify the ion and	municipal o good house in SWMP?	Self-Assess Operation/Activi performed within years?	ment ity/Facility the past 3
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance	tify the ion and ressed i	municipal of good house in SWMP?	Self-Assess Operation/Activity performed within years?	ment ity/Facility of the past 3
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance	ressed i Yes Yes	in SWMP? O No	Self-Assess Operation/Activity performed within years? Yes Yes	ment ity/Facility n the past 3 O No No
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance	ressed i Yes Yes Yes Yes	in SWMP? No No	Self-Assess Operation/Activiperformed within years? Yes O Yes Yes	ment ity/Facility n the past 3 O No No No
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage	ressed i Yes Yes Yes Yes Yes	in SWMP? O No No	Self-Assess Operation/Activity performed within years? Yes Yes Yes Yes Yes	ment ity/Facility n the past 3 No No No No No
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management	ressed i Yes Yes Yes Yes Yes Yes	in SWMP? No No No No	Self-Assess Operation/Activity performed within years? Yes Yes Yes Yes Yes Yes	ment ity/Facility n the past 3 O No No No No No No No
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance	ressed i Yes Yes Yes Yes Yes Yes Yes Yes	in SWMP? No No No No No	Self-Assess Operation/Activity performed within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ment ity/Facility n the past 3 No No No No No No No No No
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance Right of Way Maintenance	ressed i Yes Yes Yes Yes Yes Yes Yes Yes	in SWMP? No No No No No No No No No No No No No No No	Self-Assess Operation/Activity performed within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ment ity/Facility n the past 3 No No No No No No No No No No No No No
effectiveness of existing programs and 3) iden that will be addressed by the pollution prevent not done already. Operation/Activity/Facility Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturbance	ressed i Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	in SWMP? No No No No No No No No No No No No No No No	Self-Assess Operation/Activity performed within years? Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	ment ity/Facility n the past 3 No No No No No No No No No

○ No • Yes

○ No • Yes

○ No • Yes

○ No • Yes

○ No • Yes

 \bigcirc No

O No

O No

O No

Municipal Building.... • Yes

Stormwater System Maintenance..... • Yes

Vehicle and Fleet Maintenance..... • Yes

Other...... • Yes

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition City of White Plains	N Y R 2 0 A 2 3 0
2. Provide the following information about municipal operat	ions good housekeeping programs:
• Parking Lots Swept (Number of acres X Number of times swep	# Acres 7 4
• Streets Swept (Number of miles X Number of times swept)	# Miles 6 0 0 0 0
 Catch Basins Inspected and Cleaned Where Necessary 	# 4 0 0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	# 0
Phosphorus Applied In Chemical Fertilizer	# Lbs. 0
Nitrogen Applied In Chemical Fertilizer	# Lbs. 0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) 	# Acres 5.0
3. How many stormwater management trainings have been p during this reporting period?	provided to municipal employees
4. What was the date of the last training?	0 3 / 0 4 / 2 0 1 2
5. How many municipal employees have been trained in this	reporting period?
6. What percent of municipal employees in relevant positions stormwater management training?	and departments receive

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	3	PL	<u>)ES</u>	ID						
Name of MS4/Coalition City of White Plains		N	Y	R	2	0	A	2	3	0

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes, or other potential pollutants with special consideration for the discharge of pathogens to the Upper Bronx River and tributaries and discharge of silt/sediment to the Upper Mamaroneck River and tributaries.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City has chosen to evaluate the number of storm water management trainings held for employees as an indicator for measuring the overall effectiveness of the City's compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. There were ____ storm water management trainings held for City employees in this reporting period.

C.	How many	times	was this	observation	measured	or	evaluated in	this	reporting	period?
----	----------	-------	----------	-------------	----------	----	--------------	------	-----------	---------

		+		
amnlos/	'nartici	nant	e/ovonto	

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Ves O No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City plans to continue evaluating the number of storm water trainings as an indicator for measuring the overall effectiveness of the City's compliance with the Pollution Prevention and Good Housekeeping program requirements in the next reporting cycle. The City will continue to follow the BMPs outlined in the City's BMPs for Municipal Facilities and Operations guidance document and the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document.

MCM 6 Page 3 of 3

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPI	DES	ID						
Name of MS4/Coalition City of White Plains	N	Y	·R	2	Ö	Α	2	3	0

	MCA	k one):	
On behalf of an individual I On behalf of a coalition	W134		
	4s contributed to this re	eport?	
S4s must answer the qu	estions or check NA a	s indicated in the table	holom
MS4 Description	Answer	Check NA	
NYC EOH Watershed	- Allower	CHECK IVA	(POC)
raditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
raditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
on-Traditional	. 1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed raditional Land Use	-	-	-
raditional Non-Land Use	1,6,7a-d,8a,9 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,7a-u,8a,7	2,3,4,5,8b,10,11,12	Phosphorus
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-		Thosphorus
aditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	1.5.10.00	-	_
aditional Land Use aditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
aditional Land Use	1,4,6,7a-d,8a,9	22504101112	-
aditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
LI 27 Embayments	-		Phosphorus
aditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
aditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens,
on-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

Additional	BMPs	Page	1	of 3
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition City of White Plains	N Y R 2 0 A 2 3 0
3. Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructure) Inspection ○ Yes ○ No ● N/A
4. Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report	
5. Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from Construction Activities
6. Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disturb greater than or e NYS DEC SPDES General ivities (GP-0-08-001), including
7a. Does your MS4/Coalition have a retrofitting program to re phosphorus/nitrogen/pathogen loading?	educe erosion or O Yes O No N/A
7b. How many projects have been sited in this reporting period	d?
7c. What percent of the projects included in 7b have been com	%
7d. What percent of projects planned in previous years have be	O No Projects Planned
8a. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	f management practices and
8b.Has your MS4/Coalition developed and implemented a turi procedures policy that addresses proper disposal of grass c municipally owned lands?	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID		
Name of MS4/Coalition City of White Plains	N Y R 2	0 A	2 3 0
9. Has your MS4/Coalition developed and implemented a program o			
	○ Yes	O No	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	on municipa		rties and
	U 1 C3	O NO	• 14/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	○ No	• N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	O No	• N/A